

**PHYSICIAN'S CERTIFICATION
OF
TOTAL AND PERMANENT DISABILITY**

I, _____, a physician licensed pursuant to Chapter 458 or chapter 459, Florida Statutes, hereby certify

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. _____,
social security # _____, is totally and permanently
disabled as of January 1st _____, due to the following condition(s):

☐ Quadriplegia

☐ Paraplegia

☐ Hemiplegia

☐ Legal Blindness

☐ Other total and permanent disability requiring use of a wheelchair
for mobility.

It is my professional belief that the above-named condition(s) render this patient totally and permanently disabled, and that the foregoing statements are true, correct and complete to the best of my knowledge and professional belief.

Signature _____

Address (print) _____

Date _____

Florida Board of Medicine or Osteopathic Medicine

License number _____

Issued on _____

NOTICE TO TAXPAYER: Each Florida resident applying for a total and permanent disability exemption must present to the county property appraiser, on or before March 1st of each year, a copy of this form or a letter from the United States Department of Veterans Affairs or its predecessor. Each form is to be completed by a licensed Florida physician.

NOTICE TO TAXPAYER AND PHYSICIAN: Section 196.131(2), Florida Statutes, provides that any person who shall knowingly and willfully give false information for the purpose of claiming homestead exemption shall be guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both.